



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: BOOKSTORE-GENERAL /SC

ADDRESS OF BUSINESS: 24250 TOWN CENTER DR 190, VALENCIA, CA 91355

TELEPHONE: (661) 255-1400

OWNER OF BUSINESS: GREGORY S SCHWABE

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED: GREGORY S SCHWABE

FICTITIOUS NAME: THE OPEN BOOK

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/13/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/13/16	nlove
<input type="checkbox"/> 5. Public Health			
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	03/10/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	02/03/16	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	07/13/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/10/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$1738.00

ID # 143044

BUSINESS INFORMATION

Type of Business: General Bookstore	Address of Business: 24250 Town Center Drive	#190
Start Date (Projected): July 13, 2013	Business Telephone: 661-255-1400	Valencia
DBA (Business Name): The Open Book	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization): 102-264231		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: July 12, 2012	Incorporated in the State of:	
Exact Corporate Name: \$10 OR LESS Bookstore LLC		
Names of Officers: Greg Schwabe	Addresses: [REDACTED]	Titles: CEO, owner

APPLICANT INFORMATION

Applicant's Full Name: Greg Schwabe		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: Schwabebbooks@aol.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]	Expiration Date: [REDACTED]	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 1-27-16 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 1-27-16

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline

1 800 544 6061



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: BOOKSTORE-GENERAL /SC

ADDRESS OF BUSINESS: 24250 TOWN CENTER DR 190, VALENCIA, CA 91355

TELEPHONE: (661) 255-1400

OWNER OF BUSINESS: GREGORY S SCHWABE

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE OPEN BOOK

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: We recommend approval at
this time.

SIGNATURE: O Hamrick

DATE: 6/13/16.

04/12/2016 TUE 16:38 FAX 5612861134 --- Linda Trejo

003/006

04-12-16;01:33PM;From:LACOFIRE-FS126

To:2861134

;6617539739

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04:19:25 p.m. 03-29-2016

16/23

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0070

**BUSINESS LICENSE
APPLICATION REFERRAL**

126

KIND OF BUSINESS: BOOKSTORE-GENERAL/SC

ADDRESS OF BUSINESS: 24250 TOWN CENTER DR 190, VALENCIA, CA 91355

TELEPHONE: (661) 255-1400

OWNER OF BUSINESS: GREGORY S SCHWABE

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE OPEN BOOK

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

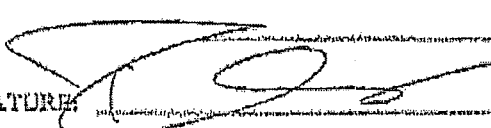
THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 4/12/16

BASIC LICENSE NO. 8013

DATE 01/29/16

IDENTIFICATION NUMBER 143044

04/01/2016 FRI 9:59

[TX/RX NO 51451

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**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

K. 80122

KIND OF BUSINESS: BOOKSTORE-GENERAL /SC

ADDRESS OF BUSINESS: 24250 TOWN CENTER DR 190, VALENCIA, CA 91355

TELEPHONE: (661) 255-1400

OWNER OF BUSINESS: GREGORY S SCHWABE

8/3/67

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THE OPEN BOOK

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

[Signature] 5300070

DATE: _____

3/10/16

BASIC LICENSE NO. 8013

DATE 01/29/16

IDENTIFICATION NUMBER 143044

Sandra Moore Tony 5/10